| Case   | e 18-11996-mdo                     | Doc 8            | File    | ed 04/05/18 Entered 04/   | 05/18 19:24:24                        | Desc Main   |
|--|------------------------------------|------------------|---------|---|---------------------------------------|---|
| Elli in this inform                                |                                    |                  |         | rument Page 1 of 22   |                                       |   |
| FIII IN this infor                                 | mation to identify your            | case and this    | filing: |   |                                       |   |
| Debtor 1   | Mark D Scott                       |                  |         |   |                                       |   |
| Dahtar 0   | First Name                         | Middle           | Name    | Last Name   |                                       |   |
| Debtor 2<br>(Spouse, if filing)                    | First Name                         | Middle           | Name    | Last Name   |                                       |   |
| United States Ba                                   | ankruptcy Court for the:           | EASTERN DIVISION | DISTRIC | CT OF PENNSYLVANIA, PHILADELPI  | HIA AIF                               |   |
| Case number _                                      | 18-11996                           |                  |         |   |                                       | ☐ Check if this is an amended filing                        |
|  | orm 106A/B<br>le <b>A/B: Pro</b> l | perty            |         |   |                                       | 12/15   |
|  |                                    |                  |         | Estate You Own or Have an Interest In nce, building, land, or similar property? |                                       |   |
| ☐ No. Go to Pa                                     | rt 2.                              |                  |         |   |                                       |   |
| Yes. Where   | is the property?                   |                  |         |   |                                       |   |
|  |                                    |                  |         |   |                                       |   |
| 1.1  |                                    |                  | What    | is the property? Check all that apply   |                                       |   |
| 2990 Brai  | mbling Ln                          |                  |         | Single-family home  |                                       | I claims or exemptions. Put ured claims on Schedule D:      |
| Street address, if available, or other description |                                    | on               |         | Duplex or multi-unit building  Condominium or cooperative                       |                                       | Claims Secured by Property.                                 |
| Norristov  | vn PA 19                           | 403-3874         |         | Manufactured or mobile home   | Current value of the entire property? | Current value of the portion you own?                       |
| City   | State                              | ZIP Code         |         | Investment property   | \$398,300.00                          | · · · · · · · · · · · · · · · · · · ·                       |
|  |                                    |                  |         | Timeshare Other   | Describe the nature of                | of your ownership interest<br>tenancy by the entireties, or |
|  |                                    |                  | Who h   | nas an interest in the property? Check one<br>Debtor 1 only                     | a life estate), if know<br>Fee Simple | n.  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

property identification number:

lacksquare At least one of the debtors and another

Other information you wish to add about this item, such as local

\$398,300.00

☐ Check if this is community property (see instructions)

Part 2: Describe Your Vehicles

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 18-11996-mdc Doc 8 Filed 04/05/18 Entered 04/05/18 19:24:24 Desc Main Page 2 of 22 Case number (if known) 18-11996 Document Debtor 1 Scott, Mark D 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one 3.1 Make: the amount of any secured claims on Schedule D: Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another 2006 Toyota Highlander \$5,325.00 \$5,325.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Model: Debtor 1 only Year. Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another 2006 Toyota Camry \$2,650.00 \$2,650.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$7,975.00 you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Various household goods and furnishings not exceeding \$400 \$4,000,00 individually, nor having an aggregate value of \$4,000 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices

including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

|              | Case 18-11                            | 996-mdc            | Doc 8          | Filed 04/05/2<br>Document                       |             | ntered 04/05/18 1<br>3 of 22             |                | Desc Main   |
|--------------|---------------------------------------|--------------------|----------------|---|-------------|--|----------------|---|
| Debtor 1     | Scott, Mark                           | D                  |                | Document  |             | Case number                              | (if known) 1   | 8-11996   |
| Exan         | instruments                           |                    | e, and other l | nobby equipment; bio                            | ycles, poo  | ıl tables, golf clubs, skis; ca          | noes and kay   | aks; carpentry tools; musical   |
| 10. Firea    |                                       | s shotauns am      | nmunition an   | d related equipment                             |             |  |                |   |
| ■ No         | •                                     | o, onorgano, am    | mamaon, an     | a rolatou oquipmoni                             |             |  |                |   |
|              | <i>mpl</i> es: Everyday clo           | othes, furs, leath | ner coats, des | igner wear, shoes, a                            | ccessories  | 3  |                |   |
|              |                                       |                    |                | ring apparel not<br>gate value of \$1,0         |             | ng \$100 individually,                   | ]              | \$1,000.00  |
| ■ No         | <i>mples:</i> Everyday jev            | velry, costume j   | ewelry, engaç  | jement rings, weddin                            | g rings, he | eirloom jewelry, watches, ge             | ms, gold, silv | er  |
| Exa<br>■ No  | farm animals<br>mples: Dogs, cats, l  | birds, horses      |                |   |             |  |                |   |
| ■ No         | -                                     |                    | ems you did    | not already list, in                            | cluding a   | ny health aids you did no                | t list         |   |
|              |                                       |                    |                | Part 3, including an                            |             | for pages you have attac                 | hed for        | \$5,000.00  |
| Part 4:      | Describe Your Finan                   | cial Assets        |                |   |             |  |                |   |
| Do you       | own or have any le                    | egal or equitab    | ole interest i | n any of the following                          | ng?         |  |                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No         | <i>mpl</i> es: Money you h            | ,                  |                | me, in a safe deposit                           | ,           | on hand when you file your               | petition       |   |
|              | institutions.                         |                    |                | ounts; certificates of<br>ts with the same inst |             | nares in credit unions, broke<br>t each. | erage houses.  | , and other similar   |
| ■ Ye         | S                                     |                    |                | Institution r                                   | iame:       |  |                |   |
|              |                                       | 17.1. <b>Ch</b>    | ecking Acc     | ount TD Bank                                    |             |  |                | \$112.00  |
|              | ds, mutual funds, omples: Bond funds, |                    |                | okerage firms, mone                             | y market a  | ccounts                                  |                |   |
| ■ No<br>□ Ye | )<br>S                                | Instit             | ution or issue | r name:   |             |  |                |   |

Official Form 106A/B Schedule A/B: Property page 3

Case 18-11996-mdc Doc 8 Filed 04/05/18 Entered 04/05/18 19:24:24 Desc Main Page 4 of 22 Document Case number (if known) 18-11996 Debtor 1 Scott, Mark D 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

Page 5 of 22 Case number (if known) 18-11996 Document Debtor 1 Scott, Mark D 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Lincoln Heritage \$171.26 Lincoln Heritage \$233.31 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$516.57 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00

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Case number (if known) 18-11996 Document Debtor 1 Scott, Mark D

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$398,300.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$7,975.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$5,000.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$516.57    |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$13,491.57 | Copy personal property total | \$13,491.57  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$411,791.57 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this information to identify your case: |              |                    |                            |                         |
|---|--------------|--------------------|----------------------------|-------------------------|
| Debtor 1  | Mark D Scott |                    |                            |                         |
|   | First Name   | Middle Name        | Last Name                  | )                       |
| Debtor 2  |              |                    |                            |                         |
| (Spouse if, filing)                             | First Name   | Middle Name        | Last Name                  |                         |
| United States Bankruptcy Court for the:         |              | EASTERN DISTRICT O | F PENNSYLVANIA, PHILADELPH | IA                      |
| _   | 18-11996     |                    |                            |                         |
| (if known)                                      |              |                    |                            | ☐ Check if th amended f |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | he Property | You Cla | aim as Exempt |
|---------|------------|-------------|---------|---------------|
|---------|------------|-------------|---------|---------------|

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim  Specific laws that allow exemption  Check only one box for each exemption. |
|---|---|---|
| 2006 Toyota Highlander<br>Line from Schedule A/B 3.1  | \$5,325.00  | \$3,775.00 11 USC § 522(d)(2)  100% of fair market value, up to any applicable statutory limit                |
| 2006 Toyota Highlander<br>Line from Schedule A/B 3.1  | \$5,325.00  | \$1,550.00 11 USC § 522(d)(5)  100% of fair market value, up to any applicable statutory limit                |
| 2006 Toyota Camry<br>Line from Schedule A/B 3.2   | \$2,650.00  | \$2,650.00 11 USC § 522(d)(5)  100% of fair market value, up to any applicable statutory limit                |
| Various household goods and furnishings not exceeding \$400 individually, nor having an aggregate value of \$4,000 Line from Schedule A/B 6.1 | \$4,000.00  | \$4,000.00 11 USC § 522(d)(3)  100% of fair market value, up to any applicable statutory limit                |
| Various items of wearing apparel not exceeding \$100 individually, nor having an aggregate value of \$1,000 Line from Schedule A/B 11.1       | \$1,000.00  | \$1,000.00 11 USC § 522(d)(3)  100% of fair market value, up to any applicable statutory limit                |

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| De  | ebtor 1 Scott, Mark D   |                                      | Case number (if known)  | 18-11996                           |  |
|---|---|--------------------------------------|---|------------------------------------|--|
| Brief description of the property and line on Schedule A/B that lists this property |   | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |  |
|   |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |                                    |  |
|   | TD Bank Line from Schedule A/B. 17.1  | \$112.00                             | <b>\$112.00</b>   | 11 USC § 522(d)(5)                 |  |
|   | Line nom ochedale AVD. 17.1   |                                      | 100% of fair market value, up to any applicable statutory limit   |                                    |  |
| Lincoln Heritage  |   | \$171.26                             |   | 11 USC § 522(d)(7)                 |  |
|   | Line from Schedule A/B. 31.1  |                                      | ■ 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Lincoln Heritage Line from Schedule A/B: 31.2                                       |   | \$233.31                             |   | 11 USC § 522(d)(7)                 |  |
|   |   |                                      | ■ 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3.  | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3  ■ No □ Yes. Did you acquire the property covered | years after that for case            | s filed on or after the date of adjustment.)                      |                                    |  |
|   | □ No  | •                                    |   |                                    |  |
|   | ☐ Yes   |                                      |   |                                    |  |

Case 18-11996-mdc Doc 8 Filed 04/05/18 Entered 04/05/18 19:24:24 Desc Main Document Page 9 of 22 Fill in this information to identify your case: Debtor 1 Mark D Scott Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA United States Bankruptcy Court for the: DIVISION Case number 18-11996 (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known) 1. Do any creditors have claims secured by your property? □ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this portion value of collateral. If any Nationstar Mortgage, 2.1 \$500,000.00 \$398,300.00 \$101,700.00 Describe the property that secures the claim: LLC Creditor's Name 2990 Brambling Ln, Norristown, PA 19403-3874 As of the date you file, the claim is: Check all that PO Box 619096 Dallas, TX 75261-9096 ☐ Contingent Number, Street, City, State & Zip Code Unliquidated Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) ■ Debtor 1 only car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ■ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Last 4 digits of account number 4783 Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: \$500,000.00 If this is the last page of your form, add the dollar value totals from all pages. \$500,000.00 Write that number here: Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code **Milstead & Associates** 

220 Lake Drive E., Suite 301 Woodland Falls Corporate Center Cherry Hill, NJ 08002 On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 4783

|  |   |   |   | Document   | Page 10   | ) of 22  |   |   |
|--|---|---|---|--|---|--|---|---|
| Fill in  | this info   | rmation to identify your  | case:   |  |   |  |   |   |
| Debto  | or 1  | Mark D Scott  |   |  |   |  |   |   |
| Dobto  |   | First Name  | Middle Na   | ime  | Last Name   |  | <del></del> }   |   |
| Debto  |   |   |   |  |   |  |   |   |
| (Spouse  | e if, filing)   | First Name  | Middle Na   | ime  | Last Name   |  |   |   |
| United   | d States E  | Bankruptcy Court for the:   | EASTERN D<br>DIVISION   | ISTRICT OF PEN   | INSYLVANIA,   | PHILADELPHIA   |   |   |
| Case   | number  | 18-11996  |   |  |   |  |   |   |
| (if know   | n)  |   |   | -  |   |  |   | check if this is an   |
|  |   |   |   |  |   |  | a   | mended filing   |
| Sch  | edule   | rm 106E/F<br>E/F: Creditors W   |   |  |   |  |   | 12/15   |
| any exe<br>Schedu<br>D: Cred<br>the Cor<br>case nu | ecutory co<br>ile G: Exe<br>litors Who<br>ntinuation<br>umber (if I | •   | that could resul<br>pired Leases (Off<br>roperty. If more s<br>ve no informatio | t in a claim. Also I<br>icial Form 106G). C<br>space is needed, co<br>n to report in a Par | ist executory co<br>onot include a<br>opy the Part yo | ontracts on Schedon<br>ny creditors with p<br>u need, fill it out, n | ule A/B: Property (Official<br>partially secured claims to<br>umber the entries in the  | I Form 106A/B) and on<br>that are listed in Schedule<br>boxes on the left. Attach |
| Part 1   |   | All of Your PRIORITY Un   |   |  |   |  |   |   |
| _  |   | itors have priority unsecure  | ed claims agains  | t you?   |   |  |   |   |
|  | No. Go to   | Part 2.   |   |  |   |  |   |   |
|  | Yes.  |   |   |  |   |  |   |   |
| Part 2   | List  | All of Your NONPRIORIT  | Y Unsecured (   | Claims   |   |  |   |   |
| 3. Do  | any cred  | itors have nonpriority unse   | cured claims aga  | ainst you?   |   |  |   |   |
|  | No. You I   | nave nothing to report in this p  | eart. Submit this fo  | orm to the court with  | your other sche                                       | dules.   |   |   |
|  | Yes.  |   |   |  |   |  |   |   |
| un   | secured cl  | our nonpriority unsecured cl<br>aim, list the creditor separatel<br>ditor holds a particular claim, l | y for each claim.   | For each claim listed  | , identify what ty                                    | pe of claim it is. Do  | not list claims already incl  | uded in Part 1. If more   |
|  |   |   |   |  |   |  |   | Total claim   |
| 4.1  | Bryn<br>Asso  | Mawr Medical Specia   |   | Last 4 digits of acc   | count number  | 7192   |   | \$3,050.00  |
|  | Nonprio   | rity Creditor's Name  |   | When was the deb   | t inquerod?   |  | •   |   |
|  | Bryn  | Haverford Rd<br>Mawr, PA 19010-3819   | <u> </u>  |  |   |  |   | -   |
|  |   | Street City State Zlp Code  |   | As of the date you   | file, the claim i                                     | s: Check all that app  | oly   |   |
|  | _   | curred the debt? Check one.   |   |  |   |  |   |   |
|  | _   | tor 1 only  |   | ☐ Contingent   |   |  |   |   |
|  | _   | tor 2 only  |   | Unliquidated   |   |  |   |   |
|  |   | tor 1 and Debtor 2 only   |   | ☐ Disputed   |   |  |   |   |
|  | _   | ast one of the debtors and an   | 01.101  | Type of NONPRIO  | KIIY unsecured  | ı cıaım:   |   |   |
|  | ☐ Che<br>debt   | ck if this claim is for a com   | munity  | ☐ Student loans  |   |  | alli como alona de la como de la |   |
|  |   | laim subject to offset?   |   | Obligations arisi<br>report as priority cla  | •   | ration agreement or  | divorce that you did not  |   |
|  | ■ No  | -   |   | ☐ Debts to pension   |   | g plans, and other s   | milar debts   |   |
|  | ☐ Yes   |   |   | Other. Specify   |   |  |   |   |
|  |   |   |   | - Juici. Opecity   |   |  |   |   |

Page 11 of 22 Case number (f know) Debtor 1 Scott, Mark D 18-11996 4.2 \$300.00 **Delaware Valley First** Last 4 digits of account number 6522 Nonpriority Creditor's Name When was the debt incurred? 800 Spruce St Philadelphia, PA 19107-6130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **East Norriton Township** Last 4 digits of account number 2606 \$1,840.00 Nonpriority Creditor's Name When was the debt incurred? 2501 Stanbridge St East Norriton, PA 19401-1617 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 Last 4 digits of account number \$1,450.00 **East Norriton Township** 9528 Nonpriority Creditor's Name When was the debt incurred? 2501 Stanbridge St **East Norriton, PA 19401-1617** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed  $\square$  At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

Page 12 of 22 Case number (f know) Debtor 1 Scott, Mark D 18-11996 4.5 Last 4 digits of account number \$980.00 **East Norriton Township** 1288 Nonpriority Creditor's Name When was the debt incurred? 2501 Stanbridge St **East Norriton, PA 19401-1617** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Franklin Mint FCU Last 4 digits of account number 9002 \$10,380.00 Nonpriority Creditor's Name When was the debt incurred? 5 Hillman Dr # 100 Chadds Ford, PA 19317-9752 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 Macy's/Visa Last 4 digits of account number 4090 \$220.00 Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Processing** PO Box 8053 Mason, OH 45040-8053 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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Case number (f know) 18-11996

Debtor 1 Scott, Mark D 18-11996 4.8 \$1,300.00 Marc Dubner, DMD Last 4 digits of account number 7838 Nonpriority Creditor's Name When was the debt incurred? 2050 Butler Pike # 100 Plymouth Meeting, PA 19462-1800 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Pointe Pest Control** Last 4 digits of account number 4920 \$150.00 Nonpriority Creditor's Name When was the debt incurred? 334 Dekalb St Bridgeport, PA 19405-1021 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Radiology Associates Of The Main \$1.830.00 641G 4.10 Line Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? **PO Box 225** Paoli, PA 19301-0225 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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|----------|-------------------|-------|----------------|------------------------------------|----------|-----------|
| Debtor 1 | Scott, Mark D     |       | Document F     | Page 14 of 22 Case number (f know) | 18-11996 | 5         |

| 4.11 | Spruce Mri Associates   | Last 4 digits of account number 3942   | \$1,040.00 |
|------|---|--|------------|
|      | Nonpriority Creditor's Name   | When was the debt incurred?  |            |
|      | 800 Spruce St   | When was the debt incurred:  |            |
|      | Philadelphia, PA 19107-6130   |  |            |
|      | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply  |            |
|      | Who incurred the debt? Check one.                                   |  |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |            |
|      | Debtor 2 only   | ☐ Unliquidated   |            |
|      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|      | At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:   |            |
|      | ☐ Check if this claim is for a community                            | Student loans  |            |
|      | debt  | Obligations arising out of a separation agreement or divorce that you did not                            |            |
|      | Is the claim subject to offset?                                     | report as priority claims  |            |
|      | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
|      | Yes   | Other. Specify   |            |
| 4.12 | Spruce Mri Associates   | Last 4 digits of account number 3946   | \$540.00   |
|      | Nonpriority Creditor's Name   | When was the debt incurred?  |            |
|      | 800 Spruce St   |  |            |
|      | Philadelphia, PA 19107-6130   |  |            |
|      | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply  |            |
|      | Who incurred the debt? Check one.                                   |  |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |            |
|      | Debtor 2 only   | ☐ Unliquidated   |            |
|      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|      | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:   |            |
|      | ☐ Check if this claim is for a community                            | ☐ Student loans  |            |
|      | debt Is the claim subject to offset?                                | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|      | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
|      | Yes   | ■ Other. Specify   |            |
|      |   | . ,  |            |
| 4.13 | Spruce Mri Associates Nonpriority Creditor's Name                   | Last 4 digits of account number 3947   | \$540.00   |
|      | ,   | When was the debt incurred?  |            |
|      | 800 Spruce St   |  |            |
|      | Philadelphia, PA 19107-6130   | As of the date you file the claim in Check all that cook   |            |
|      | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|      | ■ Debtor 1 only   | ☐ Contingent   |            |
|      | ☐ Debtor 2 only   | ☐ Unliquidated   |            |
|      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
|      | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:   |            |
|      | ☐ Check if this claim is for a community                            | ☐ Student loans  |            |
|      | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |            |
|      | Is the claim subject to offset?                                     | report as priority claims  |            |
|      | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
|      | Yes   | Other. Specify   |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Scott, Mark D   |  | Case number (f know) 18-11996  |
|--|--|--|
| Name and Address Amerasst/AR Solutions 455 Hutchinson Ave Ste 5                                  | On which entry in Part 1 or Part 2 did y Line <b>4.2</b> of ( <i>Check one</i> ):                                  | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims           |
| Columbus, OH 43235-5656  | Last 4 digits of account number  | 6522   |
| Name and Address Americollect 1851 S Alverno Rd Manitowoc, WI 54220-9208                         | On which entry in Part 1 or Part 2 did y Line <b>4.10</b> of ( <i>Check one</i> ):                                 | you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims        |
| ·  | Last 4 digits of account number  | 641G   |
| Name and Address Berks Credit and Collection PO Box 383 Temple, PA 19560-0383                    | On which entry in Part 1 or Part 2 did y<br>Line <b>4.1</b> of ( <i>Check one</i> ):                               | you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims       |
| Temple, FA 19300-0303  | Last 4 digits of account number  | 7192   |
| Name and Address Bureau Of Accounts Control PO Box 538 Howell, NJ 07731-0538                     | On which entry in Part 1 or Part 2 did y Line 4.8 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |
|  | Last 4 digits of account number  | 7838   |
| Name and Address Creditech Attn: Collections PO Box 99   | On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one):  | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims           |
| Bangor, PA 18013-0099  | Last 4 digits of account number  | 2606   |
| Name and Address Creditech Attn: Collections PO Box 99 Bangor, PA 18013-0099                     | On which entry in Part 1 or Part 2 did y Line 4.4 of (Check one):  Last 4 digits of account number                 | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  9528     |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | vou list the original creditor?  |
| Creditech Attn: Collections PO Box 99  | Line 4.5 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims   |
| Bangor, PA 18013-0099  | Last 4 digits of account number  | 1288   |
| Name and Address National Recovery Agency Inc, PO Box 67015 Harrisburg, PA 17106-7015            | On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one):  Last 4 digits of account number                | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  3942     |
| Name and Address National Recovery Agency Inc, PO Box 67015 Harrisburg, PA 17106-7015            | On which entry in Part 1 or Part 2 did y Line 4.12 of ( <i>Check one</i> ):  Last 4 digits of account number       | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  3946     |
| Name and Address National Recovery Agency Inc, PO Box 67015 Harrisburg, PA 17106-7015            | On which entry in Part 1 or Part 2 did y Line 4.13 of ( <i>Check one</i> ):  Last 4 digits of account number       | you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  3947     |
| Name and Address Universal Recovery Corp 2880 Sunrise Blvd Ste 136 Rancho Cordova, CA 95742-6102 | On which entry in Part 1 or Part 2 did y Line <b>4.9</b> of ( <i>Check one</i> ):  Last 4 digits of account number | you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims  4920 |

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#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                             |     |   |     |    | Total Claim |
|-----------------------------|-----|---|-----|----|-------------|
|                             | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                             |     | • •   |     | φ  |             |
|                             | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                             | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                             | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                             |     |   |     |    | Total Claim |
|                             | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims                |     |   |     |    |             |
| from Part 2                 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                             | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                             | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 23,620.00   |
|                             | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 23,620.00   |

| Fill in this infor  | mation to identify your  | case:              |                        |                 |
|---------------------|--------------------------|--------------------|------------------------|-----------------|
| Debtor 1            | Mark D Scott             |                    |                        |                 |
|                     | First Name               | Middle Name        | Last Name              | <del></del> )   |
| Debtor 2            |                          |                    |                        |                 |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name              |                 |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA, PHILAD | DELPHIA         |
| Case number         | 18-11996                 |                    |                        |                 |
| (if known)          |                          |                    |                        | ☐ Check if this |
|                     |                          |                    |                        | amended filir   |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with v | vhom you have the<br>Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------|--|---------------------|---|
| 2.1 |           |                  |  |                     |   |
|     | Name      |                  |  |                     |   |
|     | Number    | Street           |  |                     | _                                       |
|     | City      |                  | State  | ZIP Code            | <del>_</del>                            |
| 2.2 | -         |                  |  |                     |   |
|     | Name      |                  |  |                     | <del>_</del>                            |
|     |           |                  |  |                     |   |
|     | Number    | Street           |  |                     | <del>_</del>                            |
|     | Number    | Olicci           |  |                     |   |
|     | City      |                  | State  | ZIP Code            | <del>_</del>                            |
| 2.3 |           |                  |  |                     |   |
|     | Name      |                  |  |                     | <del>_</del>                            |
|     |           |                  |  |                     |   |
|     | Number    | Street           |  |                     | <u> </u>                                |
|     | Number    | Sileet           |  |                     |   |
|     | City      |                  | State  | ZIP Code            | <del>_</del>                            |
| 2.4 | - ',      |                  |  |                     |   |
|     | Name      |                  |  |                     | <del></del>                             |
|     |           |                  |  |                     |   |
|     | Number    | Ctroot           |  |                     | <u> </u>                                |
|     | Number    | Street           |  |                     |   |
|     | City      |                  | State  | ZIP Code            | <del>_</del>                            |
| 2.5 | 0.0,      |                  | 0.0.0  | 2 0000              |   |
| 5   | Name      |                  |  |                     | <del>_</del>                            |
|     |           |                  |  |                     |   |
|     | Niverban  | Otert            |  |                     | <u> </u>                                |
|     | Number    | Street           |  |                     |   |
|     | City      |                  | State  | ZIP Code            | <del>_</del>                            |

|                             |  | Document   | Page 18 of 22                  | )  |                                      |
|-----------------------------|--|--|--------------------------------|--|--------------------------------------|
| Fill in this                | information to identify your   | ase:   |                                |  |                                      |
| Debtor 1                    | Mark D Scott   |  |                                |  |                                      |
|                             | First Name   | Middle Name  | Last Name                      |  |                                      |
| Debtor 2<br>Spouse if, fili | ing) First Name  | Middle Name  | Last Name                      |  |                                      |
| opouse II, IIII             | ing) That Name   |  |                                |  |                                      |
| Jnited Sta                  | ates Bankruptcy Court for the:   | EASTERN DISTRICT OF F  | PENNSYLVANIA, PHILADE          | ELPHIA   |                                      |
| Case num                    | ber <b>18-11996</b>  |  |                                |  |                                      |
| (if known)                  |  | _  |                                |  | ☐ Check if this is an amended filing |
| Officia                     | l Form 106H  |  |                                |  |                                      |
|                             | lule H: Your Cod   | ebtors   |                                |  | 12/15                                |
| re filing to<br>nd numbe    | are people or entities who are<br>ogether, both are equally resp<br>er the entries in the boxes on<br>per (if known). Answer every o | onsible for supplying corre<br>the left. Attach the Addition | ct information. If more sp     | ace is needed, copy the  | Additional Page, fill it out,        |
| 1. Do                       | you have any codebtors? (If y  | ou are filing a joint case, do no                            | ot list either spouse as a coo | lebtor.  |                                      |
| ■ No                        |  |  |                                |  |                                      |
| <b>—</b> 100                | 2  |  |                                |  |                                      |
|                             | hin the last 8 years, have you<br>rnia, Idaho, Louisiana, Nevada,  |  |                                |  | and territories include Arizona,     |
| ■ No                        | . Go to line 3.  |  |                                |  |                                      |
| _                           | s. Did your spouse, former spous   | e, or legal equivalent live with                             | you at the time?               |  |                                      |
| line 2                      | lumn 1, list all of your codebto<br>again as a codebtor only if th<br>, Schedule E/F (Official Form<br>nn 2.                         | at person is a guarantor or                                  | cosigner. Make sure you        | have listed the creditor                                       | on Schedule D (Official Form         |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | P Code   |                                | Column 2: <b>The creditor to</b><br>Check all schedules that a | o whom you owe the debt apply:       |
| 3.1                         |  |  | Γ                              | ☐ Schedule D, line   |                                      |
|                             | Name   |  |                                | Schedule E/F, line   |                                      |
|                             |  |  |                                | ☐ Schedule G, line   |                                      |
| -                           | Number Street  |  |                                |  |                                      |
|                             | City   | State  | ZIP Code                       |  |                                      |
| 3.2                         |  |  | Г                              | ☐ Schedule D, line   |                                      |
| J.Z                         | Name   |  |                                | Schedule E/F, line   |                                      |
|                             |  |  |                                | Schedule G, line   |                                      |
| -                           | Number Street  |  |                                |  |                                      |

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State

City

ZIP Code

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| Fill        | in this information to identify your ca   | ase:                                     |                          |             |        |  |               |                      |            |
|-------------|---|--|--------------------------|-------------|--------|--|---------------|----------------------|------------|
| Del         | btor 1 Mark D Scot  | tt                                       |                          |             |        |  |               |                      |            |
| -           | btor 2<br>buse, if filing)  |  |                          |             | _      |  |               |                      |            |
| Uni         | ited States Bankruptcy Court for the  | : EASTERN DISTRICT<br>PHILADELPHIA DIVIS |                          | ,           | _      |  |               |                      |            |
|             | se number <u>18-11996</u>   |  |                          |             |        | Check if this is:                          |               |                      |            |
| (lf kr      | nown)   |  |                          |             |        | ☐ An amende<br>☐ A suppleme<br>income as c | nt showing    |                      | chapter 13 |
| 0           | fficial Form 106l   |  |                          |             |        | MM / DD/ Y                                 | YYY           |                      |            |
| S           | chedule I: Your Ince  | ome                                      |                          |             |        |  |               |                      | 12/15      |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the Describe Employment | r spouse is not filing wit               | h you, do not include    | e informa   | ation  | about your spou                            | se. If more   | space is ne          | eded,      |
| 1.          | Fill in your employment information.  |  | Debtor 1                 |             |        | Debtor 2                                   | or non-fili   | ng spouse            |            |
|             | If you have more than one job,  | Employment status                        | ☐ Employed               |             |        | ☐ Emplo                                    | yed           |                      |            |
|             | attach a separate page with<br>information about additional<br>employers.   | Employment status  Occupation            | ■ Not employed           |             |        | ☐ Not er                                   | mployed       |                      |            |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name                          |                          |             |        |  |               |                      |            |
|             | Occupation may include student chomemaker, if it applies.   | <sub>r</sub> Employer's address          |                          |             |        |  |               |                      |            |
|             |   | How long employed th                     | nere?                    |             |        |  |               |                      |            |
| Pai         | rt 2: Give Details About Mor  | thly Income                              |                          |             |        |  |               |                      |            |
|             | mate monthly income as of the da  | ate you file this form. If y             | ou have nothing to repo  | ort for an  | y line | , write \$0 in the spa                     | ice. Include  | your non-filir       | ng spouse  |
|             | u or your non-filing spouse have mor<br>ce, attach a separate sheet to this for   |  | oine the information for | r all emplo | oyers  | for that person on                         | the lines bel | low. If you ne       | ed more    |
|             |   |  |                          |             |        | For Debtor 1                               | For Debt      | tor 2 or<br>g spouse |            |
| 2.          | List monthly gross wages, salar deductions). If not paid monthly, c   |  |                          | 2.          | \$     | 0.00                                       | \$            | N/A                  |            |
| 3.          | Estimate and list monthly overti  | me pay.                                  |                          | 3.          | +\$    | 0.00                                       | +\$           | N/A                  |            |
| 4.          | Calculate gross Income. Add lin   | e 2 + line 3.                            |                          | 4.          | \$     | 0.00                                       | \$            | N/A                  |            |

| Deb | tor 1         | Scott, Mark D  | _               | Case      | e number (if known) | 18-1        | 1996                          |     |
|-----|---------------|--|-----------------|-----------|---------------------|-------------|-------------------------------|-----|
|     |               |  |                 | Fo        | r Debtor 1          |             | Debtor 2 or<br>-filing spouse |     |
|     | Cop           | y line 4 here  | 4.              | \$_       | 0.00                | \$          | N/A                           |     |
| 5.  | List          | all payroll deductions:  |                 |           |                     |             |                               |     |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b.             | \$-       | 0.00                | \$<br>-     | N/A                           |     |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.             | \$-       | 0.00                | <u> </u>    | N/A                           |     |
|     | 5d.           | Required repayments of retirement fund loans   | 5d.             | \$-       | 0.00                | <u>\$</u> — | N/A                           |     |
|     | 5e.           | Insurance  | 5e.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 5f.           | Domestic support obligations   | 5f.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 5g.           | Union dues   | 5g.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 5h.           | Other deductions. Specify:   | 5h.+            | - \$_     | 0.00                | + \$        | N/A                           |     |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.              | \$_       | 0.00                | \$          | N/A                           |     |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.              | \$_       | 0.00                | \$          | N/A                           |     |
| 8.  | List<br>8a.   | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 8b.           | Interest and dividends   | 8b.             | \$_       | 0.00                | \$          | N/A                           |     |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | <b>t</b><br>8c. | \$        | 4,500.00            | \$          | N/A                           |     |
|     | 8d.           | Unemployment compensation  | 8d.             | \$        | 0.00                | \$          | N/A                           |     |
|     | 8e.           | Social Security  | 8e.             | \$_       | 2,166.00            | \$          | N/A                           |     |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income   | 8f.<br>8g.      | \$_<br>\$ | 0.00                | \$          | N/A<br>N/A                    |     |
|     | 8h.           | Other monthly income. Specify:   | 8h.+            | -         |                     | + \$—       | N/A                           |     |
|     |               |  |                 |           |                     |             | 1477                          |     |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.              | \$_       | 6,666.00            | \$          | N/A                           |     |
| 10  | Cald          | culate monthly income. Add line 7 + line 9.  | 10. \$          |           | 6,666.00 + \$       |             | N/A = \$ 6,666                | 00  |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.             |           | Ψ_                  |             | $ \mathbf{N/A}  =  \$  6,666$ | .00 |
| 11. | Stat<br>Inclu | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your direction or relatives.  The property of the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your direction or relatives.  The property of the expenses that you list in Schedule and the you list in Schedule and the your list in Schedule and t | dependen        |           | ,                   |             |                               | .00 |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain   |                 |           |                     |             | \$ 6,666.                     | 00  |
| 13  | Dov           | you expect an increase or decrease within the year after you file this form  | 12              |           |                     |             | monthly incom                 | e   |
|     |               | No.  |                 |           |                     |             |                               |     |
|     |               | Yes. Explain:  |                 |           |                     |             |                               |     |

| Fill | in this information to identify your c   | ase:  |   |         |                                  |   |
|------|--|---|---|---------|----------------------------------|---|
| Deb  | Mark D Scott   |   |   | Che     | ck if this is: An amended filing |   |
|      | otor 2<br>ouse, if filing)   |   |   |         | •                                | ng postpetition chapter 13 ollowing date: |
| Unit | . ,  | EASTERN DISTRICT OF PENNSY<br>PHILADELPHIA DIVISION | /LVANIA,  |         | MM / DD / YYYY                   |   |
|      | 18-11996<br>nown)  |   |   |         |                                  |   |
|      | fficial Form 106J  | _   |   |         |                                  |   |
| Ве   | chedule J: Your Ex as complete and accurate as pos                               | sible. If two married people are f                  |   |         |                                  |   |
|      | ormation. If more space is needed<br>known). Answer every question.              | I, attach another sheet to this for                 | rm. On the top of any ac                        | ddition | nal pages, write you             | r name and case numbe                     |
| Par  | t 1: Describe Your Household Is this a joint case?                               | I   |   |         |                                  |   |
| 1.   | No. Go to line 2.  |   |   |         |                                  |   |
|      | Yes. Does Debtor 2 live in a s   | separate household?                                 |   |         |                                  |   |
|      | ☐ No<br>☐ Yes. Debtor 2 must file  | e Official Form 106J-2, <i>Expenses fo</i>          | or Separate Householdof                         | Debto   | r 2.                             |   |
| 2.   | Do you have dependents?  | No  |   |         |                                  |   |
|      | Do not list Debtor 1 and Debtor 2.   | Yes. Fill out this information for each dependent   | Dependent's relationshi<br>Debtor 1 or Debtor 2 | p to    | Dependent's age                  | Does dependent live with you?             |
|      | Do not state the   |   |   |         |                                  | □ No                                      |
|      | dependents names.  |   |   |         |                                  | ☐ Yes<br>☐ No                             |
|      |  |   |   |         |                                  | ☐ Yes                                     |
|      |  |   |   |         |                                  | □No                                       |
|      |  |   | -   |         |                                  | ☐ Yes                                     |
|      |  |   |   |         |                                  | □ No                                      |
| 3.   | Do your expenses include   | <b>=</b>  |   |         |                                  | ☐ Yes                                     |
| 0.   | expenses of people other than yourself and your dependents?                      | ■ No<br>, □ Yes                                     |   |         |                                  |   |
| Par  |  |   |   |         |                                  |   |
| exp  | imate your expenses as of your benses as of a date after the bank blicable date. |   |   |         |                                  |   |
| val  | lude expenses paid for with non-<br>ue of such assistance and have in            |   |   |         | Your expe                        | nece                                      |
| (Off | ficial Form 106l.)   |   |   |         | Tour expe                        | 11363                                     |
| 4.   | The rental or home ownership e payments and any rent for the group               | expenses for your residence. Included or lot.       | clude first mortgage                            | 4. 3    | \$                               | 2,947.00                                  |
|      | If not included in line 4:   |   |   |         |                                  |   |
|      | 4a. Real estate taxes  |   |   | 4a.     | \$                               | 0.00                                      |
|      | 4b. Property, homeowner's, or r  |   |   | 4b.     | \$                               | 0.00                                      |
|      | 4c. Home maintenance, repair   |   |   | 4c.     | :                                | 0.00                                      |
| 5    | 4d. Homeowner's association of Additional mortgage payments                      |   | e equity loans                                  | 4d.     |                                  | 0.00                                      |

| ebtor 1               | Scott, Mark D  | Case number (if known) | 18-11996                      |
|-----------------------|--|------------------------|-------------------------------|
| 1 1471                |  |                        |                               |
| 5. <b>Util</b><br>6a. | ities: Electricity, heat, natural gas  | 6a. \$                 | 252.00                        |
| 6b.                   | Water, sewer, garbage collection   | 6b. \$                 | 90.00                         |
| 6c.                   | Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$                 | 211.00                        |
| 6d.                   | Other. Specify:  | 6d. \$                 | 0.00                          |
|                       | d and housekeeping supplies  | 7. \$                  | 200.00                        |
|                       | Idcare and children's education costs  | 8. \$                  | 0.00                          |
|                       | thing, laundry, and dry cleaning   | 9. \$                  |                               |
|                       | sonal care products and services   | 10. \$                 | 25.00                         |
|                       | dical and dental expenses  | 11. \$                 | 25.00                         |
|                       | nsportation. Include gas, maintenance, bus or train fare.  | Π. ψ                   | 0.00                          |
|                       | not include car payments.  | 12. \$                 | 0.00                          |
|                       | ertainment, clubs, recreation, newspapers, magazines, and books  | 13. \$                 | 0.00                          |
| . Cha                 | ritable contributions and religious donations  | 14. \$                 | 0.00                          |
| . Ins                 | urance.  | •                      |                               |
| Do                    | not include insurance deducted from your pay or included in lines 4 or 20.   |                        |                               |
|                       | . Life insurance   | 15a. \$                | 132.00                        |
| 15b                   | . Health insurance   | 15b. \$                | 0.00                          |
| 15c                   | . Vehicle insurance  | 15c. \$                | 216.00                        |
| 15d                   | . Other insurance. Specify:  | 15d. \$                | 0.00                          |
|                       | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  | <u> </u>               |                               |
|                       | cify:  | 16. \$                 | 0.00                          |
|                       | allment or lease payments:   | 470 °C                 | 0.00                          |
|                       | Car payments for Vehicle 1   | 17a. \$                | 0.00                          |
|                       | . Car payments for Vehicle 2   | 17b. \$                | 0.00                          |
|                       | Other. Specify:  | 17c. \$                | 0.00                          |
|                       | Other. Specify:  | 17d. \$                | 0.00                          |
|                       | ir payments of alimony, maintenance, and support that you did not report as  | ;<br>18. \$            | 0.00                          |
|                       | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106l). er payments you make to support others who do not live with you.  | \$                     | 0.00                          |
|                       | cify:  | 19.                    | 0.00                          |
|                       | er real property expenses not included in lines 4 or 5 of this form or on Sche   |                        |                               |
|                       | . Mortgages on other property  | 20a. \$                | 0.00                          |
| 20b                   | . Real estate taxes  | 20b. \$                | 0.00                          |
| 20c                   | . Property, homeowner's, or renter's insurance   | 20c. \$                | 0.00                          |
| 20d                   | . Maintenance, repair, and upkeep expenses   | 20d. \$                | 0.00                          |
|                       | . Homeowner's association or condominium dues  | 20e. \$                | 0.00                          |
|                       | er: Specify:   | 21. +\$                | 0.00                          |
|                       | · · -  |                        |                               |
|                       | culate your monthly expenses   |                        |                               |
|                       | . Add lines 4 through 21.  | \$                     | 4,098.00                      |
|                       | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | \$                     |                               |
| 220                   | . Add line 22a and 22b. The result is your monthly expenses.   | \$                     | 4,098.00                      |
| . Cal                 | culate your monthly net income.  |                        |                               |
|                       | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a. \$                | 6,666.00                      |
|                       | . Copy your monthly expenses from line 22c above.  | 23b\$                  | 4,098.00                      |
| _00                   |  |                        | 7,030.00                      |
| 230                   | . Subtract your monthly expenses from your monthly income.   |                        |                               |
|                       | The result is your monthly net income.   | 23c. \$                | 2,568.00                      |
|                       | you expect an increase or decrease in your expenses within the year after your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect yo |                        | ease or decrease because of a |
|                       | ification to the terms of your mortgage?   | · · · · ·              |                               |
|                       | No   |                        |                               |
| П                     | /es Explain here:  |                        |                               |